

Higher Education Coordinating Board DISPLACED HOMEMAKER PROGRAM (DHP)

2003-2005 Instructional Services EXIT FORM

Contractor: «ContractorNameNumber»

For Stoff Hos Only						
For Staff Use Only Client #: «Con»						
Hours completed: Total possible hours:						
Did the participant graduate?						
No (Date of Last Attendance:/)						
If NO, check the reason that most applies:						
1. □ Found Employment 2. □ Starting School 3. □ Medical Issues 4. □ Child Care 5. □ Transportation						
6. □ Did not return 7. □ Did not complete/plans to return to class 8. □ Other (specify)						
«Program» Learning Outcomes						
In this class, I: (check all that apply)						
☐ Improved my self-esteem and optimism						
 Participated in a support group activity outside of class time 						
☐ Identified my barriers to employment						
 Developed strategies to manage my employment barriers 						
☐ Identified my career interests						
☐ Identified my abilities and skills						
□ Drafted or completed a resume						
□ Completed a job application (sample or real)						
□ Participated in a practice interview						
☐ Created an employment/education/life portfolio						
Developed a personal plan, outlining steps for achieving my employment & educational goals						
 Developed an action plan, outlining steps for personal progress in gaining self-sufficiency 						
☐ Developed a household and/or personal budget						
 Learned how to enroll in college (i.e. completed college application (sample or real)) 						
 Completed/ received a list of scholarships available for furthering my education 						
☐ Completed a FAFSA (Free Application for Federal & Student Aid)						
□ Toured a college campus						
□ Visited my local WorkSource						
Other Comments (For each statement, check only one)						
As a result of graduating from the < <pre>program name>> program, I feel more prepared to seek employment.</pre>						
☐ True ☐ Somewhat True ☐ False						
As a result of graduating from the < <pre>program name>> program, I feel more prepared to seek training.</pre>						
☐ True ☐ Somewhat True ☐ False						
Overall, I was very satisfied with the < <pre>program name>> program.</pre>						
☐ True ☐ Somewhat True ☐ False						
1. What is the first step on your action plan to achieve your education/employment goals?						

2. Other program feedback:



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How much do you know about the following? Place a mark in the appropriate column to the right to indicate your answer.		Nothin	ing A little		A lot
Community resources and support systems					
How to juggle my family obligations with my employment, education and training needs					
Vocational careers					
The importance of math in the workplace					
Accessing my personal legal documents (i.e. birth certificate, SS card, divorce papers)					
Resources within the community to access free legal counseling and information					
Non-traditional career opportunities					
Current employment trends					
Where to find job search assistance					
Who the major employers are where I reside					
Appropriate questions to ask at a job interview					
Services available at my local WorkSource					
Appropriate work attire and work image					
Resources in the community to acquire a working wardrobe					
Workplace expectations					
Education and training opportunities					
Apprenticeship opportunities					
Resources in the community to access free health care					
Credit and debt management					
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I certify that, to the best of my knowledge, all					
information provided on this Exit Form is complete and accurate.	Participant Signature	Date	Staff Sig	gnature	Date
	Printed Name		Printed Name		